FORM D

133 4732

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OIVID APPROVAL							
OMB Number: 3235-0076							
Expires: April 30, 2008							
Estimated average burden							
hours per response: 16.00							

SEC USE ONLY							
Prefix		_	Serial				
	DATE	RECEIVE	ED .				

Name of Offering (check if this is an amendment	ent and name has changed, and indicate change.)	A
Non-US Equity Managers: Portfolio 1 Offshor	e L.P. (f/k/a Goldman Sachs GMS Internationa	ıl Equity Portfolio (Cayman), L.P.):
Limited Partnership Interests		
Filing Under (Check box(es) that apply):	Rule 504 🔲 Rule 505 🗹 Rule 506 🛚	Security OF THE OF
Type of Filing: New Filing Amendm	nent	
	A. BASIC IDENTIFICATION DATA \(^\)	DEC
1. Enter the information requested about the issu	ier	1 8 2007
Name of Issuer (check if this is an amendment	ent and name has changed, and indicate change.)	WE !
Non-US Equity Managers: Portfolio 1 Offshor		d Equit (Portistio (Carban), L.P.)
	umber and Street, City, State, Zip Code)	Telephone (uniber (including Area Code)
·	New York Plaza, New York, New York 10004	(212) 902 1000.
	Number and Street, PROPESSED	Telephone Number (Including Area Code)
(if different from Executive Offices)	Trainer and Succes, Theore 30ED	reception to the second
(if different from Exceditive Offices)		1 JEERST COM JEERST CO
Brief Description of Business	DEC 3 1 2007	1 (88 () 88 () (88 () 18 () 18 () 18 () 18 () 18 () 18 () 18 () 18 ()
To operate as a private investment fund.	THOMCON	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	THOMSON	07086457
Type of Business Organization	FINANCIAL	01000701
☐ corporation	☐ limited partnership, already formed	other (please specify):
☐ business trust	☐ limited partnership, to be formed	Exempted Limited Partnership
	Month Year	_
Actual or Estimated Date of Incorporation or Org	ganization: 1 1 9 9	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbrevia)	tion for
	State: CN for Canada; FN for other foreign jur	risdiction) F N

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2.	Ent	er the information requ	iested for the foll	owir	ng:						
	*	Each promoter of the	issuer, if the issu	ıer h	as been organized w	ithin	the past five years;				
	*	Each beneficial owner of the issuer;	er having the pow	er to	vote or dispose, or	direc	et the vote or disposi	tion (of, 10% or	more c	of a class of equity securities
	*	Each executive office	er and director of	согр	orate issuers and of	corp	orate general and ma	anagi	ng partners	of par	tnership issuers; and
	*	Each general and mar	naging partner of	f part	nership issuers.						
Che	ck B	Box(es) that Apply:	☐ Promoter				Executive Officer		Director	Ø	General and/or Managing Partner
Ful	Nar	ne (Last name first, if i	ndividual)								
GS.	<u>AM</u>	(GMS Cayman GP) L	td. (the Issuer's	Gen	eral Partner)						
		s or Residence Address	-		et, City, State, Zip C						
Wa	lker	s SPV Limited, Walke							nan, Cayn	an Isl	
Che	eck B	Box(es) that Apply:	□ Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Ful	l Nar	ne (Last name first, if i	ndividual)								
Jan	nes (Graham Brown Found							,		
		s or Residence Address	•		et, City, State, Zip C	ode)	ı				
435	0 Br	ownsboro Rd., Ste. #2	200, Lexington,	KY 4	402007						
Che	eck B	Box(es) that Apply:	☐ Promoter	☑	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Ful	l Nai	me (Last name first, if i	ndividual)								
Sor	nerv	ille Holdings Limited									
Bus	sines	s or Residence Address	Number and	Stre	et, City, State, Zip C	(lode)				
c/o	CIB	C Bank & Trust Co.,	11 Dr. Roys Dr.	, Ge	orge Town, PO Box	694	GT, Grand Cayma	n, Ca	ayman Isl <u>a</u>	nds	
Che	eck E	Box(es) that Apply:	☐ Promoter		Beneficial Owner	☑	Executive Officer* * of the Issuer's G		Director l Partner	0	General and/or Managing Partner
		me (Last name first, if i Markus	ndividual)								
		s or Residence Address	(Number and	Stre	et, City, State, Zip C	Code)) 				
c/o	GSA	M (GMS Cayman G	•		•						
		Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer* * of the Issuer's G		Director l Partner		General and/or Managing Partner
		me (Last name first, if i	ndividual)								•
		o, Jason s or Residence Address	(Number and	Stro	et, City, State, Zip ('ode'					
		S OF RESIDENCE Address AM (GMS Cayman G	•		•						
		Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer* * of the Issuer's G		Director		General and/or Managing Partner
Ful	1 Na	me (Last name first, if i	individual)				of the issuer's O	CITCI	ii i ui tiici		Titaliaging Facility
		Edward	inai viadai,								
		s or Residence Address	s (Number and	Stre	et, City, State, Zip C	Code')				
		AM (GMS Cayman G	•		, ,	-					
		Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer* * of the Issuer's G		Director		General and/or Managing Partner
Ful	1 Naı	me (Last name first, if i	individual)								
		r, J. Douglas	<u>, </u>								
		s or Residence Address	s (Number and	Stre	et, City, State, Zip (Code)				
c/o	GSA	AM (GMS Cayman G	P) Ltd., One Ne	w Yo	ork Plaza, New Yor	k, N	ew York 10004				

A. BASIC IDENTIFICATION DATA

2. Gifter the information requested for the following.					
* Each promoter of the issuer, if the issuer has be	en organized within	the past five years;			
 Each beneficial owner having the power to vote of the issuer; 	or dispose, or direc	t the vote or disposition of	, 10% or m	ore of a clas	s of equity securities
* Each executive officer and director of corporate	issuers and of corp	orate general and managing	g partners o	f partnershi	p issuers; and
* Each general and managing partner of partnersh					
	eficial Owner 🗹	Executive Officer* * of the Issuer's General			al and/or ging Partner
Full Name (Last name first, if individual)		-			<u></u>
Ross, Hugh M.	4.7.2				
Business or Residence Address (Number and Street, C	ity, State, Zip Code)	•			
c/o GSAM (GMS Cayman GP) Ltd., One New York P.					
Check Box(es) that Apply: ☐ Promoter ☐ Ben	eficial Owner 🗹				al and/or
		* of the Issuer's General	Partner	Mana	ging Partner
Full Name (Last name first, if individual)					
Wade, Matthew Business or Residence Address (Number and Street, C	in Conta 7 in Code			 -	
Business or Residence Address (Number and Street, Coco GSAM (GMS Cayman GP) Ltd., One New York P	-				
	eficial Owner		Director I	Gener	al and/or
Check Box(cs) that Apply.		2 // 004		Mana	ging Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, C	ity, State, Zip Code)				
Check Box(es) that Apply: ☐ Promoter ☐ Ben	eficial Owner	Executive Officer	Director [al and/or ging Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, C	ity, State, Zip Code)	· - ·			
Check Box(cs) that Apply: ☐ Promoter ☐ Ber	eficial Owner	Executive Officer	Director I		al and/or ging Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, C	ity, State, Zip Code)				
Check Box(es) that Apply: ☐ Promoter ☐ Ber	eficial Owner	Executive Officer	Director I		al and/or ging Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, C	ity, State, Zip Code)				
Check Box(es) that Apply: ☐ Promoter ☐ Ber	eficial Owner 🛚	Executive Officer	Director I		al and/or ging Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, C	ity, State, Zip Code)				
		· · · = · · · · · · · · · · · · · ·			

A. BASIC IDENTIFICATION DATA

				B. IN	FORMAT	ION ABO	UT OFFI	ERING				
		·····									Yes	No
1. Has th	e issuer solo	i, or does th										Ø
			F	Answer also	in Appendi	ix, Column	2, if filing t	ınder ULOI	5.			
subsc	t is the mir riptions belo nan Islands L	ow the mini	estment tha mum, provid	t will be a led no subs	criptions sh	om any ind all be less th	ividual?*Th nan U.S. \$50	ne General 0,000 (or an	Partner, ma amount spe	ay accept ecified by	\$ 10	0,000*
											Yes	No
3. Does t	he offering	permit join	t ownership	of a single	unit?						Ø	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												VIII-10
Full Name	(Last name	first, if ind	lividual)									
Goldman	, Sachs & C	o.*										
* A lthoug	h the securi	tice will he	sold throu	gh Goldma	n Sachs &	Co no co	mmissions	will be naic	l. directly o	r indirectly	v. for solici	ting any
purchase	r in any jur	isdiction.						oc pane				
Business	or Residence	e Address (l	Number and	Street, City	y, State, Zip	Code)						
85 Broad	Street, Nev	v York, Ne	w York 100	04								
Name of A	Associated E	Broker or De	ealer									
	Which Perso All States" o						,				🗹 A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[A]]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
i un ivanic	(Last name	. mst, 11 me	iividdai)									
Business of	or Residence	e Address (Number and	Street, City	y, State, Zip	Code)						
Name of A	Associated E	Proker or D	naler									
Name of A	1550Clated L	Stoker or Di	carci									
	Which Perso All States" (Паі	ll States
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(IL)	[IN]	[1A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last name	first, if ind	lividual)				•	•				
Business (or Residence	e Address (l	Number and	Street, City	y, State, Zip	Code)						
Name of A	Associated E	Broker or D	ealer									
	Which Perso All States"									- u		All States
(Check	[AK]	[AZ]	[AR]	.cs) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price		A	mount Already Sold
	Debt	\$	0	\$		0
	Equity (Shares)	_	0	\$		0
	☐ Common ☐ Preferred	_				
	Convertible Securities (including warrants)	\$	0	\$		0
	Partnership Interests	_		\$		52,963,267
	Other (Specify:)	s -	0	\$		0
	Total	\$_	52,963,267		-	52,963,267
	Answer also in Appendix, Column 3, if filing under ULOE.		1 · ·			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				:	Aggregate
			Number Investors		İ	Dollar Amount of Purchases
	Accredited Investors	_	26	\$		52,963,267
	Non-accredited Investors	_	0	\$		0
	Total (for filings under Rule 504 only)		N/A	\$		N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.					
	Type of offering		Type of Security			Dollar Amount Sold
	Rule 505		N/A	\$		N/A
	Regulation A	_	N/A	· \$	_	N/A
	Rule 504		N/A	· \$		N/A
	Total	_	N/A	\$		N/A
ti ti	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$		0
	Printing and Engraving Costs			\$		0
	Legal Fees		◩	\$	_	15,431
	Accounting Fees		图	\$		10,000
	Engineering Fees.		0	\$	_	0
	Sales Commissions (specify finders' fees separately)			\$		0
	Other Expenses (identify)			\$		0
	Total		Ø	\$		25,431

•	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXI	PENS	ES A	AND USE OF PR	OCE	EDS	
5.	b. Enter the difference between the aggreg - Question 1 and total expenses furnished difference is the "adjusted gross proceeds to Indicate below the amount of the adjusted to be used for each of the purposes shown furnish an estimate and check the box to payments listed must equal the adjusted gro to Part C - Question 4.b. above.	in response to Part C - Question 4.2 the issuer."gross proceeds to the issuer used or proceeds to the instance of the instance used to the instance of the ins	n. The	is ed n, ne		\$_		52,937,836
	W. L. C. Quichon no. 130.00				Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			\$_	0		\$_	0
	Purchase of real estate			\$_	0		\$ _	0
	Purchase, rental or leasing and installation of machinery and equipment				_0		\$_	0
	Construction or leasing of plant buildings and facilities				0		s _	0
	Acquisition of other businesses (including this offering that may be used in exchan another issuer pursuant to a merger)	ge for the assets or securities of		\$_	0		s _	0
	Repayment of indebtedness		\$	0		\$_	0	
	Working capital		\$	0		\$_	0	
	Other (specify): Investment Capital			\$	0	Ø	\$	52,937,836
	Column Totals			\$_	0	Ø	\$_	52,937,836
	Total Payments Listed (column totals added	<u>v</u> \$			52,937,836			
_		D. FEDERAL SIGNATU	RE					
fo	he issuer has duly caused this notice to be ollowing signature constitutes an undertaking f its staff, the information furnished by the iss	by the issuer to furnish to the U.S. S	ecurit	ies ar	d Exchange Comm	ission,	upon	r Rule 505, the written request
Noi Off	ncr (Print or Type) n-US Equity Managers: Portfolio 1 shore L.P. (f/k/a Goldman Sachs GMS ernational Equity Portfolio (Cayman), '.)			Date December 11, 20	07			
Nai	me of Signer (Print or Type)	Title of Signer (Print or Type)					·	
Ca	Caroline Kraus Assistant Secretary of the Issuer's General Partner							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

